

CONFIDENTIALITY RESPONSIBILITIES AGREEMENT

Facility Access to the Facility Notification System

Name(Print) Last: _____ First _____ MI: ____
Contact phone number (____) ____ - _____
Email Address _____
Facility Name _____
Address: _____
City _____ State _____ Zip Code _____

Federal regulations 42 CFR 431.300 restricts the use or disclosure of information concerning applicants/enrollees to purposes directly connected with the administration of Medicaid. Federal regulations of CFR Part 160 and 164 governs the privacy of individually identifiable health information (HIPAA Privacy Rule.)

Purposes directly related to Medicaid include:

- Reporting Admissions, Discharges, Transfers, Death or Status Changes by using Form 148

Confidential information which shall be protected from disclosure includes, at a minimum, the following:

- Name, SSN, and address of applicant/enrollee
- Medical services provided
- Social and economic conditions or circumstances
- Evaluation of personal information, and
- Medical data, including diagnosis and past history of diseases or disability.

It shall be unlawful for any person to solicit, disclose, receive, make use of, or to authorize knowingly permit, participate in, or acquiesce in the use of applications or client case records or the information contained therein for any purposes not directly connected with the administration of the Medicaid Program.

Publication of lists of names of applicants/enrollees is prohibited.

Precautions in Safeguarding Information

***Informal Discussions:**

All individuals, clerical as well as professional, shall refrain from discussing client situations informally in offices, rest rooms, while in transit or at social gatherings, regardless of whether the client's name is used. The use of names or of descriptions of unusual circumstances in discussions may easily lead to identification of the client. Regardless of the possibility of identifications, such discussions may create the impression that staff deals lightly with information received and does not have the proper respect for the affair of others.

***Record Material:**

Material used at staff discussions or training classes shall be edited for all identifying names and circumstances. If the group discussion is about a case under a fictitious name, the danger of the client's identity being determined is lessened.

Any person who violates any of the provisions of confidentiality is subject to a fine of not more than two thousand, five hundred dollars (\$2500) or imprisonment for not more than two (2) years in the parish jail or both, nor less than five hundred dollars (\$500) or ninety (90) days on each count. In addition to these criminal penalties, violations of confidentiality requirements shall result in the termination of access to the Form 148 Automated System.

I have read, understand, and will abide by the confidentiality regulations in this agreement.

User
(Print or Type Name)

Signature

Date

Facility Manager
(Print or Type Name)

Signature

Date

Please mail the original to:

Medicaid Eligibility Systems Section
P. O. Box 91283
Baton Rouge, LA 70821-9283